



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			TELEPHONE
TA'A, VERNON K.			533-1490
MAILING ADDRESS (Street)			FAX
1109 BETHEL ST. (LOWER LEVEL)			
(City)	(State)	(Zip Code)	
HON	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
PLUMBERS & FITTERS, LOCAL 675			533-1490
MAILING ADDRESS (Street)			FAX
1109 BETHEL ST.			528-2629
(City)	(State)	(Zip Code)	
HON	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
PLUMBERS & FITTERS, LOCAL 675			533-1490
MAILING ADDRESS (Street)			FAX
1109 BETHEL ST.			528-2629
(City)	(State)	(Zip Code)	
HON	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
COLLEEN KAUFMAN			533-1490
MAILING ADDRESS (Street)			FAX
1109 BETHEL ST			528-2629
(City)	(State)	(Zip Code)	
HON	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Wenm K. Ta'a

(Signature of Lobbyist)

17 JAN 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

HERBERT S.R. KAOPUA, SR. BSNS MGR / FIN. SECY

NAME OF ORGANIZATION (if applicable)

PLUMBERS & FITTERS, LOCAL 675

TELEPHONE

533-1490

MAILING ADDRESS (Street)

1109 BETHEL ST. LOWER LEVEL

FAX

528-2629

(City)

HON

(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Herb Kaopua

(Signature of Authorizing Officer or Person Represented)

17 JAN 2005

(Date)